

MARYLAND STATE DEPARTMENT OF HEALTH

2748

2411 N. Charles Street, Baltimore

02736

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH- COUNTY <u>Howard</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Md</u> COUNTY <u>Howard</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Elkridge</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Elkridge (Rural)</u>	
TOWN <u>Elkridge</u>		TOWN <u>Elkridge</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>R.F.D. #4 Box 33</u>		STREET ADDRESS (If rural, give location) <u>R.F.D. #4 Box 33</u>	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>William Nelson Atwell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 11 1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 10, 1863</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Insurance</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Insurance</u>	9. AGE last birthday <u>91</u> yrs. If under 1 year Months Days Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Huntington Md</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>William Fletcher Atwell</u>		14. MOTHER'S MAIDEN NAME <u>Barbara Wilkinson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u>		16. SOCIAL SECURITY No. <u>220-07-1949</u>	
17. INFORMANT AND ADDRESS <u>Richard A. Atwell, Box 32 AR RD 34, Elkridge 27 Md</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

0 none

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from June, 1953, to May 11, 1955, that I last saw the deceasedalive on May 10, 1955, and that death occurred at 9:20 m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>BURIAL</u>	<u>3/14/55</u>	<u>GRACE EPIS.</u>	<u>ELK RIDGE, Md</u>	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>March 13, 1955</u>	<u>Dr. R. D. Kilgus</u>	<u>F.C. HIGGINS</u>	<u>1307 HON, ELLICOTT CITY, Md</u>	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MAR 15 1955

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02737

2749

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH- COUNTY Howard MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Howard	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Ellicott City		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Ellicott City	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Columbia Road		STREET ADDRESS (If rural, give location) Columbia Road	
3. NAME OF DECEASED (Type or Print) ADAM P BARRETT	(First) (Middle) (Last)	4. DATE OF DEATH 3-4-1955	(Month) (Day) (Year)
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 5-6-1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY ?	9. AGE last birthday 72 yrs.
11. BIRTHPLACE (State or foreign country) Oldham, Lancashire, England		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Joseph Barrett		14. MOTHER'S MAIDEN NAME Martha Buckley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY No. None	
17. INFORMANT AND ADDRESS Mrs. A.K. Barrett, Ellicott City, Md			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Jan 1, 1940, to March 4, 1955, that I last saw the deceased alive on March 4, 1955, and that death occurred at 10:20 A.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 3-7-55	NAME OF CEMETERY OR CREMATORY New Cathedral	LOCATION (City, town, or county) Baltimore, Md	(State)
----------------------------------------------------------	-------------------------------	-------------------------------------------------------	----------------------------------------------------------	---------

DATE REC'D BY LOCAL REG. March 6, 1955	REGISTRAR'S SIGNATURE John B. Longman	24. FUNERAL DIRECTOR F.C. Higinbotham	ADDRESS Ellicott City, Md
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P. B. E. L.

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

MAR 9 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02738
2750 CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Howard</u>	MARYLAND	STATE <u>Maryland</u>	COUNTY <u>Howard</u>
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Elbridge</u>	LENGTH OF STAY (in this place) <u>33 yrs</u>	CITY (If outside corporate limits, write RURAL and give nearest town) <u>Elbridge</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>00</u>		STREET ADDRESS (If rural give location) <u>44 Hunt Club Road</u>	

3. NAME OF DECEASED: (First) <u>LEONHARD</u> (Middle) <u>BUETTNER</u> (Last)		4. DATE OF DEATH: (Month) <u>March</u> (Day) <u>29</u> (Year) <u>1955</u>	
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widower</u>	8. DATE OF BIRTH: <u>Jan. 24, 1867</u>
9. AGE last birthday: <u>88</u> yrs.		10. IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION: Give kind of work done during most of working life, even if retired: <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>Baker</u>	
11. BIRTHPLACE (State or foreign country): <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13. FATHER'S NAME: <u>Buettner</u>		14. MOTHER'S MAIDEN NAME: <u>Eva Doener</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>9</u>		16. SOCIAL SECURITY NO.: <u>no</u>	
17. INFORMANT & ADDRESS: <u>44 Hunt Club Rd, Mrs. Marie W. Herzog Elbridge 27, Md.</u>			

18. MEDICAL CERTIFICATION		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause <u>153X</u>		
(a) <u>Carcinoma of Colon</u>		<u>2 yrs</u>
(b) <u>Metastases</u>		<u>3 mos.</u>
(c) <u>Secondary anemia</u>		<u>6 mos.</u>
Antecedent causes (s) <u>Myocarditis</u>		<u>2 mo</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.		

11. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>		<u>10 yrs</u>
19a. DATE OF OPERATION: <u>0</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour)		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Jan, 1954, to March 29, 1955, that I last saw the deceased alive on March 29, 1955, and that death occurred at 8:45 a.m. from the causes and on the date stated above.

SIGNATURE <u>Dr. B. B. Cunningham</u>		ADDRESS <u>5609 Main St Elbridge 27 Md.</u>		DATE SIGNED <u>3/29/55</u>	
23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)	
<u>Burial</u>	<u>April 1, 1955</u>	<u>London Park Cemetery</u>	<u>Baltimore</u>	<u>Md.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>March 29 1955</u>		FUNERAL DIRECTOR <u>Henry W. Jenkins & Sons, Co.</u>		ADDRESS <u>4905 York Rd, Baltimore Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 31 1955

BUREAU V. S.

2751

03731

Reg. Dist.

Item 21 Film Glob 5-3-55 ans MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **MEDICAL EXAMINER'S CERTIFICATE OF DEATH**

No.....

1. PLACE OF DEATH:

COUNTY

HOWARD

MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town)

TOWN Poplar Springs

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland

COUNTY Carroll

CITY (If outside corporate limits write RURAL and give nearest town) OR

TOWN Rural--Mt. Airy

06X-2

STREET ADDRESS

(If rural, give location)

3. NAME OF DECEASED:
(Type or Print)

(First)

LUCY

(Middle)

BOWIE

(Last)

BURNS

4. DATE OF DEATH

(Month)

(Day)

(Year)

3

19

55

5. SEX:

female

6. COLOR OR RACE:

colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

married

8. DATE OF BIRTH:

6-10-1881

9. AGE last birthday:

73 yrs.

IF UNDER 1 YEAR IF UNDER 24 HRS.

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):

housewife

10b. KIND OF BUSINESS OR INDUSTRY:

own home

11. BIRTHPLACE (State or foreign country):

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME:

Kale Potts

14. MOTHER'S MAIDEN NAME:

Amelia Hosley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

no

16. SOCIAL SECURITY No.:

none

17. INFORMANT & ADDRESS:

John Burns, Mt. Airy, Md.

18. MEDICAL CERTIFICATION**I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:**

Immediate cause

DUE TO

Crushed Chest Rupture of

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

Diaphragm Massive internal hemorrhage

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:**20. AUTOPSY?**
Yes ☒ No ☐**21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.****21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY**

(City or town)

(County)

(State)

Poplar Springs

Howard

Maryland

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

3/19/55 7:45 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒**21f. HOW DID INJURY OCCUR?**

Struck by h2 and run car.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE

William Howard

CHIEF MEDICAL EXAMINER ☐ DATE SIGNED

DEPUTY MEDICAL EXAMINER ☐

ASSISTANT MEDICAL EXAM. ☒

3-20-55

23. BURIAL, CREMATION, REMOVAL (Specify):

BURIAL

DATE THEREOF

3-22-1955

NAME OF CEMETERY OR CREMATORY

Friendship

LOCATION (City, town, or county)

Montg. Co., Maryland

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

March 22, 1955 [Signature]

24. FUNERAL DIRECTOR

ADDRESS

C. M. Waltz, Winfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

BUREAU V. S.

APR 14 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02739

2752

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH- COUNTY Howard		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Howard	
CITY (If outside corporate limits, write RURAL and give nearest town) Ellicott City		CITY (If outside corporate limits, write RURAL and give nearest town) Ellicott City	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Columbia Road		STREET ADDRESS (If rural give location) Columbia Road	
3. NAME OF DECEASED (First) JAMES (Middle) CLARK (Last)		4. DATE OF DEATH (Month) March (Day) 25 (Year) 19 55	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH October 22, 1884 70 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer		10b. KIND OF BUSINESS OR INDUSTRY General Law	9. AGE last birthday 70 yrs.
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13. FATHER'S NAME John L. Clark		14. MOTHER'S MAIDEN NAME Mary Corinne Talbott	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give year or dates of service) W.W.I		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mrs. James Clark,		Columbia Road, Ellicott City, Md.	

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
(a) Myocardial failure, congestive			
(b) Pulmonary emphysema			
(c) arteriosclerosis of coronary arteries			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Papilloma, urinary bladder			
19a. DATE OF OPERATION 0	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from January, 1955, to March, 1955, that I last saw the deceased alive on March 24, 1955, and that death occurred at 5 A. m., from the causes and on the date stated above.

SIGNATURE Donald E. Fisher M.D. ADDRESS Ellicott City, Md. DATE SIGNED March 26, 1955

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE Mar. 27, 1955 NAME OF CEMETERY OR CREMATORY St. John's Cemetery LOCATION (City, town, or county) (State) Ellicott City, Md.

DATE REC'D BY LOCAL REG March 26, 1955 REGISTRAR'S SIGNATURE John B. Loughran 24. FUNERAL DIRECTOR Easton Sons, Ellicott City, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 29 1955

BUREAU V. S.

2753

MARYLAND STATE DEPARTMENT OF HEALTH

02740

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 191

1. PLACE OF DEATH - COUNTY <u>HOWARD</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <u>MD</u> COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>ELLICOTT CITY</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>BALTO. (13)</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>HIGHLAND MANOR HOME</u>		STREET ADDRESS (If rural, give location) <u>3313 HAYWARD AVE</u>	
3. NAME OF DECEASED (First) <u>JOHN</u> (Middle) <u>T.</u> (Last) <u>CHARKE</u>	4. DATE OF DEATH (Month) <u>3</u> (Day) <u>31</u> (Year) <u>1955</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>NOV-?-1869</u>
9. AGE last birthday <u>85</u> yrs.		10. BIRTHPLACE (State or foreign country) <u>NEW YORK</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HORSE TRAINER</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>J. T. CLARK, SR.</u>		14. MOTHER'S MAIDEN NAME <u>MARY ANN (?)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>NONE</u>	
17. INFORMANT <u>MRS. LUCY HOPSON</u>		18. MEDICAL CERTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause <u>447X</u> Antecedent cause(s) <u>Generalized arteriosclerosis, cerebral degeneration and hypertension</u>			<u>5 years</u>
2. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>3-6-55</u>		19b. MAJOR FINDINGS OF OPERATION <u>from 3-6-55 to 3-30-55</u>	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, office hldg., etc.) <u>ELLICOTT CITY MD</u>	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, and in Autopsy <input type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .			
SIGNATURE <u>Robert B Taylor MD</u> (Degree or title)		ADDRESS <u>Ellicott City Md.</u>	
DATE SIGNED <u>3-31-55</u>			
23. BURIAL, CREMATION, OR DISPOSAL (Specify) <u>BURIAL</u>		DATE THEREOF <u>4-2-55</u>	
NAME OF CEMETERY OR CREMATORY <u>ROSEDALE & LINDEN CEM.</u>		LOCATION (City, town, or county) <u>LINDEN, N.J.</u>	
24. FUNERAL DIRECTOR <u>Walter Burke Bradley, Dundalk, Md.</u>		ADDRESS	
DATE REC'D BY LOCAL REG. <u>4/4/55</u>		REGISTRAR'S SIGNATURE <u>John Loughran</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

BUREAU V. S.

APR 5 1955

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2754

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

112741

Reg. Dist. No. 151

1. PLACE OF DEATH- COUNTY <u>Howard</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE COUNTY	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Fulton</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Baltimore, Maryland</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Simon's Rest Home</u>		STREET ADDRESS (If rural, give location) <u>3101-4</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Elizabeth</u>	(Middle)	(Last) <u>Duncan</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 25 1955</u>
8. DATE OF BIRTH <u>April 30, 1873</u>	9. AGE last birthday <u>81</u> yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Scotland</u>	12. CITIZEN OF WHAT COUNTRY? <u>Unknown</u>
13. FATHER'S NAME <u>Andrew G. Duncan</u>		14. MOTHER'S MAIDEN NAME <u>Grace Milne</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>RECORDS - SIMON'S REST HOME</u>	
17. INFORMANT AND ADDRESS <u>RECORDS - SIMON'S REST HOME</u>		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
422.1 Immediate cause (a) <u>Uremia</u>		5 days	
Antecedent cause(s) (b) <u>Nephritis, Myocarditis</u>		years	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Cardio-vascular</u>			
11. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			
19a. DATE OF OPERATION <u>3/10/55</u>	19b. MAJOR FINDINGS OF OPERATION <u>L</u>	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify) <u>L</u>	PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>L</u>	(CITY OR TOWN) <u>L</u>	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>L</u>	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR? <u>L</u>	
22. I hereby certify that I attended the deceased from <u>3/10/55</u> , 19 <u>55</u> , to <u>3/25</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>3/23/55</u> , and that death occurred at <u>3: P.</u> m., from the causes and on the date stated above.			
SIGNATURE <u>[Signature]</u>		ADDRESS <u>[Signature]</u>	
DATE SIGNED <u>3/28/55</u>		DATE SIGNED <u>[Signature]</u>	
23. BURIAL, CREMATION OR OTHER DISPOSITION (Specify) <u>Burial</u>	DATE THEREOF <u>3/28/55</u>	NAME OF CEMETERY OR CREMATORY <u>Lorraine</u>	LOCATION (City, town, or county) (State) <u>Balto. Co. Md.</u>
DATE REC'D BY LOCAL REG. <u>3-28-55</u>	REGISTRAR'S SIGNATURE <u>A. W. Hedrick</u>	FUNERAL DIRECTOR <u>W. G. McKelvey</u>	ADDRESS <u>1217 St. Paul st</u>

2755

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Harward</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Harward</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN <u>Jessup</u>		<u>2 yrs</u>		TOWN <u>Jessup</u>		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
00							
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE OF DEATH: (Month) (Day) (Year)			
<u>Louise</u>				<u>March 2 1955</u>			
5. SEX: <u>F</u>	6. COLOR OR RACE: <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>married</u>	8. DATE OF BIRTH: <u>August 6, 1886</u>	9. AGE last birthday: <u>68 yrs.</u>	IF UNDER 1 YEAR		IF UNDER 24 HRS.
10a. USUAL OCCUPATION..Give kind of work done during most of working life, even if retired): <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>own home</u>	11. BIRTHPLACE (State or foreign country): <u>Jessup Maryland</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13. FATHER'S NAME: <u>William Harman</u>			14. MOTHER'S MAIDEN NAME: <u>Mary Layman</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>if no</u>		16. SOCIAL SECURITY NO.: _____		17. INFORMANT & ADDRESS: <u>Mr. Clarence B. Jannan, Jessup Md</u>			
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				Interval Between Onset And Death			
443X Immediate cause				30 min.			
(a) <u>Ac. Cerebral-Vascular Accident -</u>							
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.				(b) <u>Hypertensive Cardio-Vascular Disease</u>			
				3 yrs.			
(c)							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION: <u>0</u>				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>							
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Oct. 1952</u> , to <u>March 2, 1955</u> , that I last saw the deceased alive on <u>Mar. 2, 1955</u> , and that death occurred at <u>6:52 P.M.</u> , from the causes and on the date stated above.							
SIGNATURE <u>Frank Shipley, M.D., Savage, Md.</u>				DATE SIGNED <u>Mar. 5, 55</u>			
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>March 5, 1955</u>		<u>Madamewood New Park</u>		<u>Lansing Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>3/4/55</u>		REGISTRAR'S SIGNATURE <u>E. Bird Williams</u>		24. FUNERAL DIRECTOR <u>De Witt Hamilton, Laurel Md</u>			
per F.E.S.							

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 8 1955

BUREAU V. S.

MARYLAND

2756

02743

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 195

1. PLACE OF DEATH- COUNTY <u>Harford</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Harford</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Scaggsville</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Scaggsville</u>	
TOWN <u>Scaggsville</u>		TOWN <u>Scaggsville</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Warner R. & W.</u>		STREET ADDRESS (If rural, give location) <u>Warner R. & W.</u>	
3. NAME OF DECEASED (First) <u>Sarah</u> (Middle) <u>Louise</u> (Last) <u>Gore</u>		4. DATE OF DEATH (Month) <u>March</u> (Day) <u>22</u> (Year) <u>1955</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 4, 1880</u>
9. AGE last birthday <u>74</u> yrs.		10. AGE last birthday If under 1 year: Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (State or foreign country) <u>Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>De Witt Clinton Gore</u>		14. MOTHER'S MAIDEN NAME <u>Mary Powell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>If no</u>		16. SOCIAL SECURITY No. <u> </u>	
17. INFORMANT AND ADDRESS <u>Miss Hazel Gore, Scaggsville Road, Pikesville, Md.</u>		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
443x Immediate cause (a) <u>Hypertensive Cardiovasc. Dis. with Myocardial Failure</u>		10 yrs.	
Antecedent cause(s) (b) <u>Transverse Myelitis from Arthritis 12 D & L 1 Vertebra</u>		1 yr.	
Diseases or conditions, if any, giving rise to the above, and stating the underlying cause. (c) <u>Chr. Nephritis, Obesity</u>		5 yrs.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION <u>11/1/54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Destruction 12 D & L 1 - Osteoarth.</u>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.) <u> </u>	
TIME (Month) (Day) (Year) (Hour) <u> </u>		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
HOW DID INJURY OCCUR? <u> </u>		22. I hereby certify that I attended the deceased from <u>4/12, 1954</u> , to <u>3/22/55</u> , that I last saw the deceased alive on <u>3/21/55</u> , and that death occurred at <u>8:30 A</u> m., from the causes and on the date stated above.	
SIGNATURE <u>Dr. W. Warner R. & W.</u>		DATE SIGNED <u>3/22/55</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE <u>3/25/55</u>	
NAME OF CEMETERY OR CREMATORY <u>St. John Cemetery</u>		LOCATION (City, town, or county) (State) <u>Pikesville, Md.</u>	
DATE REC'D BY LOCAL REG. <u>Mar 25 - 55</u>		REGISTRAR'S SIGNATURE <u>Frank Shipley</u>	
24. FUNERAL DIRECTOR <u>De Witt Donaldson, Laurel, Md.</u>		ADDRESS <u> </u>	

3758

BUREAU V. B.

MAR 29 1955

RECEIVED

2757

MARYLAND STATE DEPARTMENT OF HEALTH

02744

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1.9.1

1. PLACE OF DEATH: COUNTY Howard MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard	
CITY (If outside corporate limits, write RURAL and give nearest town) Ellicott City		CITY (If outside corporate limits, write RURAL and give nearest town) Ellicott City	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 60 Columbia Road		STREET ADDRESS (If rural, give location) 60 Columbia Road	
3. NAME OF DECEASED (Type or Print) MILDRED	(First) H. (Middle) GRAHAM (Last)	4. DATE OF DEATH 3-14-1955 19	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Dec. 24, 1893
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sewing Mach. Opr.		10b. KIND OF BUSINESS OR INDUSTRY Sewing Factory	9. AGE last birthday 61 yrs.
11. BIRTHPLACE (State or foreign country) Ellicott City Md		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Arthur B. Graham		14. MOTHER'S MAIDEN NAME Nellie Louise Beatty	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY No. 216-01-0695	
17. INFORMANT AND ADDRESS Mrs. Clark Meads, Ellicott City, Md			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
155x Immediate cause (a) Carcinoma of Gall Bladder		1 year
Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		
(c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Metastatic Carcinoma of liver and pancreas.		
19a. DATE OF OPERATION 12/29/55	19b. MAJOR FINDINGS OF OPERATION gall bladder; metastases to liver and pancreas	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **3/29**, 19**55**, to **3/13**, 19**55**, that I last saw the deceased alive on **3/13**, 19**55**, and that death occurred at **2:30** A.M., from the causes and on the date stated above.

SIGNATURE: **George E. Buehler M.D.** ADDRESS: **Ellicott City** DATE SIGNED: **3/15/55**

23. BURIAL, CREMATION REMOVAL (Specify) **Burial** DATE THEREOF **3-17-55** NAME OF CEMETERY OR CREMATORY **St. Johns** LOCATION (City, town, or county) (State) **Ellicott City, Md**

DATE REC'D BY LOCAL REG **March 15, 1955** REGISTRAR'S SIGNATURE **John B. Lughnan** 24. FUNERAL DIRECTOR **F.C. Higinbotham, Ellicott City, Md** ADDRESS

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 17 1955

BUREAU V. A.

MARYLAND

2758

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH- COUNTY <u>HOWARD</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>MD.</u> COUNTY <u>BALTO.</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>X TOWN ELLICOTT CITY</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>CATONSVILLE</u> <u>03-52-2</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>90 SHAFFERS CONIALENT HOME</u>		STREET ADDRESS (If rural, give location) <u>WESTCHESTER AVE.</u>	
3. NAME OF DECEASED (First) (Middle) (Last) <u>THERESA CECILIA HOLDEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 3 1955</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>SEPT 3, 1870</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEKEEPER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	9. AGE last birthday <u>84</u> yrs.
13. FATHER'S NAME <u>CONRAD L. ELLS</u>		11. BIRTHPLACE (State or foreign country) <u>MD.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? <u>MD.</u>	
16. SOCIAL SECURITY No.		14. MOTHER'S MAIDEN NAME <u>NOW UNKNOWN</u>	
17. INFORMANT AND ADDRESS <u>Charles D. Holden 4610 Manassas Rd.</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
(a) Immediate cause <u>420.1 Coronary Thrombosis</u>		<u>1/2 hour</u>
(b) Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		
(c) <u>Hypertensive Cardio-Vascular Disease</u>		<u>5 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>		
19a. DATE OF OPERATION <u>0</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 1950, to Mar 3, 1955, that I last saw the deceased

alive on March 1, 1955, and that death occurred at 9:30 A. m., from the causes and on the date stated above.

SIGNATURE William F. Hassaway (Degree or title) M.D. ADDRESS Elkridge City, Md. DATE SIGNED 3/3/55

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>3-7-55</u>	NAME OF CEMETERY OR CREMATORY <u>Landon Park</u>	LOCATION (City, town, or county) (State) <u>Balto. Md.</u>
DATE REC'D BY LOCAL REG. <u>March 10, 55</u>	REGISTRAR'S SIGNATURE <u>John B. Loughran</u>	24. FUNERAL DIRECTOR <u>Fowler Funeral Home - Catonsville, Md.</u>	
PREPARED BY <u>Rev. B. E. L.</u>			

BUREAU V. 8

MAR 14 1965

RECEIVED

CERTIFICATE OF DEATH

Reg. Dist. No. 198

2759

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY		Howard		STATE		Maryland	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		Ellicott City		COUNTY			
TOWN				CITY (If outside corporate limits, write RURAL and give nearest town)		Baltimore	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		Highland Manor Nursing Home		STREET ADDRESS		632 Willow Avenue	
3. NAME OF DECEASED:				4. DATE OF DEATH:			
(First)		(Middle)		(Last)		(Month) (Day) (Year)	
Mr.		John E.		Lewis		March 20th 1955	
5. SEX:		6. COLOR OR RACE:		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):		8. DATE OF BIRTH:	
male		white		divorced		Sept. 7, 1878	
9. AGE last birthday:		10. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
76 yrs.		Self Emp. Printer		Baltimore, Maryland		USA	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
Mr. John E. Lewis				Julia Fales			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)				16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:	
(If Yes, give war or dates of service)						Mr. Charles E. Lewis, 632 Willow Ave.	
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				Interval Between Onset And Death			
332X Immediate cause (a)				Cerebral Thrombosis with left			
Antecedent causes (s) (b)				Hemiplegia			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (c)				6 weeks			
11. OTHER SIGNIFICANT CONDITIONS							
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION:				19b. MAJOR FINDINGS OF OPERATION			
0							
20. AUTOPSY?				Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT (Specify)				PLACE (Home, farm, factory, street, OF office bldg., etc.)			
SUICIDE				(CITY OR TOWN)			
HOMICIDE				(COUNTY)			
(STATE)							
TIME (Month) (Day) (Year) (Hour)				INJURY OCCURRED			
OF INJURY				While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>			
HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from 3-9, 1955, to 3-20, 1955, that I last saw the deceased alive on 3-19, 1955, and that death occurred at 8:15 AM, from the causes and on the date stated above.							
SIGNATURE				ADDRESS			
Julia B. Taylor MD				Ellicott City Md			
DATE SIGNED				DATE SIGNED			
3-21-55				3-21-55			
23. BURIAL, CREMATION, REMOVAL (Specify)				NAME OF CEMETERY OR CREMATORY			
Burial				Parkwood Cemetery			
DATE REC'D BY LOCAL REGISTRAR				LOCATION (City, town, or county) (State)			
3-22-55				Baltimore, Maryland			
REGISTRAR'S SIGNATURE				24. FUNERAL DIRECTOR			
H. W. Deobuck				ADDRESS			
				Leonard J. Ruck, 5305 Harford Road #14			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Robert Taylor
700 Cathedral Street
Monday 3 P.M, Office.

02748

MARYLAND 2760

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH COUNTY <u>Harford</u> MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) <u>Beltsville</u> TOWN <u>Beltsville</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>100</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>3601-4</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Baltimore City</u> TOWN <u>Baltimore City</u> STREET ADDRESS (If rural, give location) <u>413 S. Towner St</u>	
3. NAME OF DECEASED (Type or Print) <u>Norman</u> (First) <u>Paul</u> (Middle) <u>Watts</u> (Last)		4. DATE OF DEATH (Month) <u>March</u> (Day) <u>25</u> (Year) <u>1955</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Jan 12, 1918</u> 43 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Electrician</u>	
11. BIRTHPLACE (State or foreign country) <u>Baltimore, Md</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>John Watts</u>		14. MOTHER'S MAIDEN NAME <u>Kitchen Paul</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>218-09-0190</u>	
17. INFORMANT AND ADDRESS <u>Marie E. Kunkle 3026 Meridene Pk</u>			

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
163x Immediate cause (a) <u>Cardiac Arrest.</u>				<u>Jan 55</u>	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) <u>Carcinoma Lung, generalized metastasis - March 55</u>		(c) <u>to liver, bone & glands.</u>			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <u>0</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 7th, 1955, to 25th, 1955, that I last saw the deceased alive on 25th, 1955, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

SIGNATURE Harold E. Hall (Degree or title) MD ADDRESS Sparksville, Md DATE SIGNED 25th March 55

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>Mar 28-1955</u>	NAME OF CEMETERY OR CREMATORY <u>West Chert</u>	LOCATION (City, town, or county) <u>Baltimore, Md</u>	(State) <u>Md</u>
DATE REC'D BY LOCAL REG <u>March 30, 1955</u>	REGISTRAR'S SIGNATURE <u>John B. Loughran</u>	24. FUNERAL DIRECTOR <u>F. B. Mapp</u>	ADDRESS <u>1300 Eastern Blvd</u>	

P. B. E. L.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 1 1965
BUREAU V. S.

2761

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 2749

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 192

1. PLACE OF DEATH:

COUNTY Howard

MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town),
TOWN Ellicott City (rural)LENGTH OF STAY
(in this place)HOSPITAL OR
INSTITUTION OR
STREET ADDRESSFrederick Road R F D 2

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY HowardCITY (If outside corporate limits write RURAL and give nearest town)
OR
TOWN Ellicott City rural

STREET ADDRESS (If rural, give location)

R F D 2 Frederick Road3. NAME OF
DECEASED:
(Type or Print)

(First)

(Middle)

(Last)

MARGARETJMILLER4. DATE
OF
DEATH

(Month)

(Day)

(Year)

3-16-195519

5. SEX:

Female6. COLOR OR
RACE:White7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify): Widowed

8. DATE OF BIRTH:

10-24-1875

9. AGE last birthday:

79

yrs.

IF UNDER 1 YEAR

IF UNDER 24 HRS.

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of
work done during most of work life,
even if retired): At Home10b. KIND OF BUSINESS OR
INDUSTRY:
None

11. BIRTHPLACE (State or foreign country):

Woodbine, Md12. CITIZEN OF WHAT
COUNTRY?

13. FATHER'S NAME:

James Toney

14. MOTHER'S MAIDEN NAME:

Alice V. Pickett15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates of
service)No

16. SOCIAL SECURITY No.:

None

17. INFORMANT & ADDRESS:

August Miller, Ellicott City, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1
Immediate cause(a).....
DUE TOCoronary Thrombosis

Antecedent cause(s)

Diseases or conditions, if any,
giving rise to the above cause
stating underlying cause last

(c)

INTERVAL BETWEEN
ONSET AND DEATH
15 min.II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

None

19b. MAJOR FINDING OF OPERATION:

None

20. AUTOPSY?

Yes ☐ No ☒21a. EXTERNAL CAUSE WAS
PRIMARY ☐ or CONTRIBUTING ☐
CAUSE OF DEATH.21b. PLACE (Home, farm, factory,
OF
street, office bldg., etc.,
INJURY

21c. (City or town)

(County)

(State)

21d. TIME (Month) (Day) (Year) (Hour)
OF
INJURY21e. INJURY OCCURRED
While at Not while
work ☐ at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and
find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE

George E. Bunting, M.D.
Ellicott City, MdCHIEF MEDICAL EXAMINER
DEPUTY MEDICAL EXAMINER
M. D. ASSISTANT MEDICAL EXAM.DATE SIGNED
3-17-5523. BURIAL, CREMATION,
REMOVAL (Specify):Burial

DATE THEREOF

3-19-1955

NAME OF CEMETERY OR CREMATORY

Loudon Park

LOCATION (City, town, or county)

Baltimore, Md

(State)

DATE REC'D BY LOCAL
REG.March 19, 1955

REGISTRAR'S SIGNATURE

Alice to. Helt
per E. J. Spaulding

24. FUNERAL DIRECTOR

F.C. Higinbotham, Ellicott City, Md.

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

MAR 22 1925

RECEIVED

2762

MARYLAND STATE DEPARTMENT OF HEALTH

02750

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH COUNTY <u>Howard</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Howard</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <u>Ellicott City</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Ellicott City</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Manor Lane</u>		STREET ADDRESS (If rural, give location) <u>Manor Lane</u>	
3. NAME OF DECEASED (First) (Middle) (Last) <u>EDWARD LEO O'DONNELL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 8, 1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>4-26-1869</u>
9. AGE last birthday <u>85</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u></u>	
13. FATHER'S NAME <u>James O'Donnell</u>		14. MOTHER'S MAIDEN NAME <u>Mary Naddy</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Mary Klein, Ellicott City, Md</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
4221 Immediate cause (a) <u>Arteriosclerotic Cardio-Vascular Disease</u>		<u>2 years</u>
Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		
(c) <u>none</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
<u>none</u>		
19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/1, 1953, to 3/8, 1955, that I last saw the deceased alive on 3/2, 1955, and that death occurred at 9 A m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>3-11-55</u>	NAME OF CEMETERY OR CREMATORY <u>St. Louis</u>	LOCATION (City, town, or county) (State) <u>Clarksville</u>
DATE REC'D BY LOCAL REG. <u>Mar. 11, 1955</u>	REGISTRAR'S SIGNATURE <u>John L. Laughlin</u>	24. FUNERAL DIRECTOR <u>F.C. Higinbotham</u>	ADDRESS <u>Ellicott City, Md</u>

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

MAR 16 1929

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2763

CERTIFICATE OF DEATH

02751

Reg. Dist. No. 191

Items 11, 12, Film 180 4-18-55 et

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Howard		STATE Maryland		COUNTY			
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN Ellicott City				TOWN Baltimore		3401-4	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Highland Manor				STREET ADDRESS (If rural give location) 312 Park Avenue ✓			
3. NAME OF DECEASED (Type or Print)		(First) Yee		(Middle) Ho		(Last) On	
				4. DATE OF DEATH (Month) March (Day) 7 (Year) 19 55			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday 79 yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
Male	Yellow	Widowed					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
cook		restuarant		China California		USA	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
unknown				unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
9							
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
443X IMMEDIATE CAUSE (A) Hypertensive cardio-vascular disease							
ANTECEDENT CAUSE(S) DUE TO (B)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO (C)							
STATING UNDERLYING CAUSE LAST.							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
0							
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town)		(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While et work <input type="checkbox"/> Not while et work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
		M.					
22. I hereby certify that I attended the deceased from 12/29 , 19 55 , to 3/7 , 19 55 , that I last saw the deceased alive on 3/5 , 19 55 , and that death occurred at 10 P.M. , from the causes and on the date stated above.							
SIGNATURE Robert B. Taylor				ADDRESS (Street, city, town, state)		DATE SIGNED	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Removal		3-8-55		WahWingSangFuneral Home		26 Mulberry St., New York, N.Y.	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
DATE 3/22/55		John Lougherans		Earl B. Wolverton Funeral Home			

CERTIFICATE OF DEATH

273

Reg. Dist. 17

1. NAME AND RESIDENCE OF DECEASED

JOHN J. HARRIS

MARYLAND

COUNTY

2. PLACE OF DEATH

HOME

ILLNESS

3. DATE OF DEATH

1955

TIME

4. CAUSE OF DEATH

5. MANNER OF DEATH

6. PLACE OF BURIAL

7. NAME OF FUNERAL HOME

8. NAME OF MINISTER

9. NAME OF CLERGYMAN

10. NAME OF CHURCH

11. NAME OF CEMETERY

12. NAME OF INTERVIEWER

13. NAME OF WITNESS

14. NAME OF SIGNER

15. NAME OF REGISTRAR

16. NAME OF CLERK

17. NAME OF ASSISTANT

18. NAME OF OFFICIAL

19. NAME OF CHIEF

20. NAME OF DEPUTY

21. NAME OF CLERK

22. NAME OF ASSISTANT

23. NAME OF OFFICIAL

24. NAME OF CHIEF

25. NAME OF DEPUTY

26. NAME OF CLERK

27. NAME OF ASSISTANT

28. NAME OF OFFICIAL

29. NAME OF CHIEF

30. NAME OF DEPUTY

31. NAME OF CLERK

32. NAME OF ASSISTANT

33. NAME OF OFFICIAL

34. NAME OF CHIEF

35. NAME OF DEPUTY

36. NAME OF CLERK

37. NAME OF ASSISTANT

38. NAME OF OFFICIAL

39. NAME OF CHIEF

40. NAME OF DEPUTY

BUREAU V. S.

MAR 22 1955

RECEIVED

RECEIVED



2764

CERTIFICATE OF DEATH

Reg. Dist. No. 195

1. PLACE OF DEATH:

COUNTY Howard MARYLAND
 CITY (If outside corporate limits, write RURAL or and give nearest town) Rural Laurel
 TOWN Laurel (in this place) Many Years
 HOSPITAL OR INSTITUTION OR STREET ADDRESS Seaggsville

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Howard
 CITY (If outside corporate limits, write RURAL and give nearest town) Rural Laurel
 TOWN Laurel
 STREET ADDRESS (If rural give location) Seaggsville

3. NAME OF DECEASED:

(First) John (Middle) Helean (Last) Robey

4. DATE OF DEATH: (Month) March (Day) 1 (Year) 1955

5. SEX:

M

6. COLOR OR RACE:

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

married

8. DATE OF BIRTH:

December 13, 1886

9. AGE last birthday:

68 yrs.

10. IF UNDER 1 YEAR IF UNDER 24 HRS.

Months 0 Days 0 Hours 0 Min. 0

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired:

mail carrier

10b. KIND OF BUSINESS OR INDUSTRY:

U.S. Gant

11. BIRTHPLACE (State or foreign country):

Burtonville, Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME:

John F. Robey

14. MOTHER'S MAIDEN NAME:

Clara Shoab

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

3 no

16. SOCIAL SECURITY No.:

217-32-1831

17. INFORMANT & ADDRESS:

Mrs. Eliza Robey, Laurel, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

903.0

Immediate cause

(a)

DUE TO

Antecedent causes (s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

Virus PneumoniaFractured L. FemurGeneralized ArteriosclerosisGeneralized Hypertrophic Arthritis

Interval Between Onset And Death

4 days1 yr.10

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, office bldg., etc.)
 OF INJURY Home

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)
 OF INJURY 3 13 54 10 AM

INJURY OCCURRED
 While at Work ☐ Not While At Work ☒

HOW DID INJURY OCCUR?

Slipped and fell in floor

22. I hereby certify that I attended the deceased from 9/22, 1937, to 3/1, 1955, that I last saw the deceased

alive on 2/28, 1953, and that death occurred at 8:45 AM, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

Mar 3-55 Shank Shipley

Dr. W. H. Donaldson, Laurel, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

MAR 9 1955

RECEIVED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02753

2765

CERTIFICATE OF DEATH

Reg. Dist. No. 191.....

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Howard</u>		MARYLAND		STATE <u>Md.</u>		COUNTY <u>Howard</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN <u>Ellicott City, Md.</u>		<u>7 yrs.</u>		OR TOWN <u>Ellicott City, Md.</u> X			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
<u>100</u>				<u>Frederick + Ligon Rd.</u>			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE OF DEATH: (Month) (Day) (Year)			
<u>WALTER CLARENCE RODGERS</u>				<u>March 8 1955</u>			
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
<u>Male</u>	<u>White</u>	<u>Widower</u>	<u>July 23, 1873</u>	<u>81</u> yrs.	Months <u>7</u>	Days <u>16</u>	Hours <u></u> Min. <u></u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):		10B. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
<u>Sgt. Bldg. + Grounds</u>		<u>Balti. City College</u>		<u>Baltimore, Md.</u>		<u>U. S. A</u>	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
<u>Fred. Rodgers</u>				<u>Mary Durham</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS:			
<u>No</u>		<u>None</u>		<u>4502 Old Fred Rd. Walter C. Rodgers apt. B</u>			
18. MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE			(A) DUE TO		<u>congestive heart failure</u>		<u>1 month</u>
ANTECEDENT CAUSE (S)			(B) DUE TO		<u>myocardial ischemia</u>		<u>1 year</u>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			(C)		<u>atherosclerosis</u>		<u>years</u>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							<u>3 months</u>
19A. DATE OF OPERATION:			19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<u>none</u>			<u></u>				
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (City or town) INJURY OCCUR?		(County) (State)	
<input type="checkbox"/>		<u></u>		<u></u>		<u></u>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
<u></u>		<u>M.</u>		<u></u>			
22. I hereby certify that I attended the deceased from <u>12-2-</u> , 19 <u>54</u> to <u>3-8-</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>2-1-</u> , 19 <u>55</u> , and that death occurred at <u>3 P.</u> M., from the causes and on the date stated above.							
SIGNATURE		ADDRESS		DATE SIGNED			
<u>Donald E. Terbin</u>		<u>Md.</u>		<u>Ellicott City, Md.</u>			
<u>3-11-55</u>		<u>M. D.</u>		<u>3-11-55</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>Mar. 11, 1955</u>		<u>Baltimore</u>		<u>Baltimore Md.</u>	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR ADDRESS			
<u>March 11, 1955</u>		<u>John B. Loughran, Jr.</u>		<u>608 Fred. Ave. Eastonsville 28, Md.</u>			

BUREAU V. S.

MAR 14 1955

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